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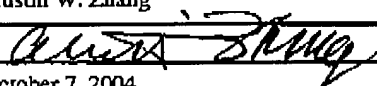
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|---|----------------------|------------------------|----------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | 10/634,162             |          |
|   | Filing Date          | 08/05/2003             |          |
|   | First Named Inventor | Michael William Wilson |          |
|   | Art Unit             | 1625                   |          |
|   | Examiner Name        | Huang, Evelyn Mei      |          |
| Total Number of Pages in This Submission  | 20                   | Attorney Docket Number | PC25239A |

| ENCLOSURES (Check all that apply)  |  |  |
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Authorization to Act in a Representative Capacity |
| Remarks  |  |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |
|-------------------------|---|
| Firm or Individual name | Austin W. Zhang   |
| Signature               |  |
| Date                    | October 7, 2004   |

## CERTIFICATE OF TRANSMISSION/MAILING

|   |   |      |                 |
|---|---|------|-----------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |   |      |                 |
| Typed or printed name   | Virginia J. Cook  |      |                 |
| Signature   |  | Date | October 7, 2004 |

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USPTO Fax No. 703-872-9306

Sample Form (09-04)

**AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY**

| In re Application of: <b>MICHAEL WILLIAM WILSON</b>  |                                |      |                     |                 |        |
|--|--------------------------------|------|---------------------|-----------------|--------|
| Application No. <b>10/634,162</b>  |                                |      |                     |                 |        |
| Filed: <b>08/05/2003</b>   |                                |      |                     |                 |        |
| Title: <b>FUSED BICYCLIC METALLOPROTEINASE INHIBITORS</b>  |                                |      |                     |                 |        |
| Attorney Docket No. <b>PC25239A</b>  | Art Unit: <b>1625</b>          |      |                     |                 |        |
| <p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td>Austin W. Zhang</td> <td>48,061</td> </tr> </tbody> </table>   |                                | Name | Registration Number | Austin W. Zhang | 48,061 |
| Name   | Registration Number            |      |                     |                 |        |
| Austin W. Zhang  | 48,061                         |      |                     |                 |        |
| <p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p> |                                |      |                     |                 |        |
| <b>SIGNATURE of Practitioner of Record</b>   |                                |      |                     |                 |        |
| Signature  | <i>Claude F. Purchase, Jr.</i> |      |                     |                 |        |
| Name   | Claude F. Purchase, Jr.        |      |                     |                 |        |
| Telephone  | 734-622-1692                   |      |                     |                 |        |
| Date   | <i>October 7, 2004</i>         |      |                     |                 |        |
| Registration No., if applicable  | 47,871                         |      |                     |                 |        |

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